

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 89/700165	FILING DATE						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1					51							
2		1				52							
3		1				53							
4		1				54							
5		1				55							
6		1				56							
7		1				57							
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14		1				64							
15		1				65							
16		1				66							
17		1				67							
18	1					68							
19		1				69							
20		1				70							
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27		1				77							
28		1				78							
29		1				79							
30		1				80							
31	1					81							
32		1				82							
33		1				83							
34	1					84							
35	1					85							
36		1				86							
37		1				87							
38		1				88							
39		2				89							
40		2				90							
41	1					91							
42		1				92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	6					TOTAL IND.							
TOTAL DEP.	38					TOTAL DEP.							
TOTAL CLAIMS	44					TOTAL CLAIMS							